

FINANCIAL AFFIDAVIT <small>IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE</small>	
<small>IN UNITED STATES</small> <input checked="" type="checkbox"/> <small>MAGISTRATE</small> <input type="checkbox"/> <small>DISTRICT</small> <input type="checkbox"/> <small>APPEALS COURT or</small> <input type="checkbox"/> <small>OTHER PANEL (Specify below)</small>	
<small>IN THE CASE OF</small> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	<small>FOR</small> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>
<small>V.S.</small> <i>John Ryan</i>	<small>AT</small> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>
<small>PERSON REPRESENTED (Show your full name)</small> <div style="border-bottom: 1px solid black; height: 40px; margin-top: 10px; text-align: center;"> <i>John Ryan</i> </div>	<div style="float: right; border: 1px solid black; padding: 5px; width: 150px;"> <small>LOCATION NUMBER</small> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> </div> <div style="clear: both;"></div> <div style="float: right; border: 1px solid black; padding: 5px; width: 150px;"> <small>DOCKET NUMBERS</small> <small>Magistrate</small> <i>MD-3- M-88471A</i> <small>District Court</small> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <small>Court of Appeals</small> </div> <div style="clear: both;"></div> <div style="float: right;"> <ol style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant—Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other </div> <div style="clear: both;"></div>
<small>CHARGE/OFFENSE (describe if applicable & check box)</small> <input checked="" type="checkbox"/> <small>Felony</small> <input type="checkbox"/> <small>Misdemeanor</small>	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	Name and address of employer: <i>Self</i>	
	IF YES, how much do you earn per month? \$ <i>1000</i>	IF NO, give month and year of last employment How much did you earn per month? \$ _____	
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, how much does your Spouse earn per month? \$ _____	
	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____		
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED \$ _____	SOURCES _____
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____		
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE _____	DESCRIPTION _____

DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____	
DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)</small>	APARTMENT OR HOME <i>M-V Shipyard</i>	Creditors _____	Total Debt \$ _____	Monthly Paymt. \$ <i>150</i>
	_____ _____ _____			

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)
John Ryan *8/13*